

C.S.E.A.
Judiciary Local 334
presents the

LT. MICHAEL D. CARRAWAY MEMORIAL SCHOLARSHIP PROGRAM

Named in memory of Retired Local President Sharon Carraway's husband, a Utica Police Department Lieutenant and Union Activist, who died unexpectedly in 1994.

- AWARD CATEGORIES** - **Academic Scholarship** - Two \$1,000 Scholarships
(Must have minimum of 80 average and above to apply)
- Financial Assistance Scholarship** – One \$500.00 Scholarship

- APPLICATIONS** - Available by calling 1-800-498-0334
or writing to: Terri Bello Vecchio,
Local 334 Scholarship Committee,
Oneida County Courthouse,
5th Floor, Utica, New York 13501
E-mail – tvecchio334@roadrunner.com

- ELIGIBILITY** - Graduating High School Senior and must be a
child or legal dependent of a court employee
represented by Judiciary Local 334 and will be
continuing their education at an accredited
institution of higher education.

- FILING DEADLINE** - Applications accepted through April 15,

Winners selected in May

Awards presented in June

JUDICIARY LOCAL 334 MEMORIAL SCHOLARSHIP APPLICATION In Memory of Lt. Michael D. Carraway

MAIL TO: Scholarship Committee-c/o Terri Bello Vecchio, Chair,
Oneida County Courthouse, 200 Elizabeth Street, Utica, NY 13501

SCHOLARSHIP CRITERIA: Academic Standing, Extracurricular,
Scholastic, Community, Volunteer Activities, and Financial Need
(Please select scholarship applying for below)

_____ Academic Scholarship _____ Financial Assistance Scholarship

1. Applicant:

Name _____ Social Security# _____-____-____

Address _____ Phone No. (____) _____

_____ Zip _____

2. High School Name: _____

High School Address: _____

High School Graduation Date: _____

Applicant's current cumulative h.s. grade average _____%

3a. Parent/Guardian Information

Mother's Name _____ Father's Name _____

S.S.# _____-____-____ S.S.# _____-____-____

Mother's Work Location _____ Father's Work Location _____

Title _____ Title _____

Annual Salary _____ Annual Salary _____

3b. If "one-parent household," check box indicating which parent you reside with: _____ Mother _____ Father _____ Other (Specify)

4. No. of dependent children in family (include applicant) _____
5. No. of dependent children who will be attending college next year (include applicant): _____
6. Special Needs (list extenuating circumstances, impairments or handicaps, with explanation): _____
- _____

7. Name and address of college applicant plans to attend:

Has applicant been accepted: ___yes ___no

Annual Tuition Cost: _____

8. Other scholarships:

_____ name _____ annual amount

___ one-time award ___ annual award

_____ name _____ annual amount

___ one-time award ___ annual award

9. List organizations and/or extra curricular activities:

10. Employment History: List all current or previous full/part time employment positions held and duties performed.

11. Career Goals: Write a short summary of your career goals on a separate piece of paper.

12. Transcript: A current OFFICIAL high school transcript with 7 semester unweighted grade point average must be attached to this application. Take this completed application to your school's registrar or guidance office and have THE SCHOOL mail the completed application along with the transcript.

FILING DEADLINE: Applications accepted through April 15

All information is confidential and will become the property of CSEA Judiciary Local 334.